

AUTHORIZATION TO RELEASE CONFIDENTIAL MILITARY INFORMATION

NAME (Last, First, Middle)

DATE OF BIRTH

DATE SIGNED

The above named individual is a defendant before the U.S. district court for the

_____ Middle _____

District of _____

Florida _____

The requested document are necessary to complete an official report ordered by this court.

I authorize release to the United States probation office all confidential records and information concerning me, including any information contained in a system of records of a Government agency or other agencies and facilities subject to the Privacy Act or similar restrictions.

This authorization shall remain in effect until it is revoked in writing.

(Signature of Defen dant)

(Date)

WITNESS: _____

(Signature of Probation Officer)

(Date)

AUTHORIZATION FOR RELEASE OF MILITARY MEDICAL PATIENT RECORDS (Drug Rehabilitation)

The National Personnel Records Center, General Services Administration, is here by authorized to release copies of my medical treatment records as described below

NAME OF PERSON AUTHORIZED TO RECEIVE RECORDS

NAME AND ADDRESS OF FACILITY TO RECEIVE RECORDS

PLACE WHERE TREATMENT OCCURRED

APPROXIMATE PERIOD OF TREATMENT

SPECIFIC TYPE OF TREATMENT INVOLVED

PURPOSE FOR WHICH RECORDS ARE NEEDED

THIS AUTHORIZATION EXPIRES WITHOUT EXPRESS REVOCATION 12 MONTHS FROM THE FOLLOWING DATE

DATE	SIGNATURE OF INDIVIDUAL WHOSE RECORDS ARE REQUESTED

**AUTHORIZATION
TO RELEASE GOVERNMENT (STATE OR FEDERAL) INFORMATION
TO PROBATION OFFICER**

I, _____, the undersigned, hereby waive my rights under the Privacy Act, 5 U.S.C. 552a (Supp. IV, 1974), and authorize the disclosure to the United States Probation Office of the Middle District of Florida, or its authorized representative(s) or employee(s), any and all information pertaining to me, contained in the files or systems of records maintained by any government agency subject to the Privacy Act, which such agency sees fit to convey, either orally or in writing, to the aforementioned Probation Office.

I hereby waiver any rights I may have under the Privacy Act to prior notice of such disclosure or of any rights I may have to an accounting of such disclosure to the aforementioned Probation Office.

I understand that this consent will be used by the aforementioned Probation Office to request disclosure of information pertaining to me from any or all Federal agencies.

This information is to be obtained for the purpose of conducting a presentence investigation and making a report or for supervision.

authorizing signature (full name)

full name (printed or typed)

date

parent/guardian sig., if required

attorney signature, if available

WITNESS -

probation officer

date

AUTHORIZATION TO RELEASE INFORMATION
(PRIVATE PERSON OR ORGANIZATION)
TO PROBATION OFFICER

TO WHOM IT MAY CONCERN:

I, _____, the undersigned, hereby authorize the United States United States Probation Office of the Middle District of Florida, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my:

- ☒ Employment
- ☒ Education Records (including but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records)
- ☒ Medical Records
- ☒ Psychological and Psychiatric Records

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

I hereby release you, as custodian of such records, any school, college, or university, or other educational institution; hospital or other repository of medical records; social service agency; any employer, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

The information hereby obtained by the aforementioned probation office is to be used only for the purpose of presentence investigation and report and, if applicable, for supervision.

authorizing signature (full name)

full name (printed or typed)

date

WITNESS - _____
probation officer date

**AUTHORIZATION
TO RELEASE GOVERNMENT (STATE OR FEDERAL) INFORMATION
TO PROBATION OFFICER**

I, _____, the undersigned, hereby waive my rights under the Privacy Act, 5 U.S.C. 552a (Supp. IV, 1974), and authorize the disclosure to the United States Probation Office of the Middle District of Florida, or its authorized representative(s) or employee(s), any and all information pertaining to me, contained in the files or systems of records maintained by the Social Security Administration. I authorize the Social Security Administration to convey such information, either orally or in writing, to the aforementioned Probation Office.

I hereby waive any rights I may have under the Privacy Act to prior notice of such disclosure or of any rights I may have to an account of such disclosure to the aforementioned Probation Office.

I understand that this consent will be used by the aforementioned Probation Office to request disclosure of information pertaining to me from any or all Federal agencies.

This information is to be obtained for the purpose of conducting a presentence investigation and making a report or for supervision.

authorizing signature (full name)

full name (printed or typed) _____ date

DOB: _____

parent/guardian signature, if required

SSN: _____

attorney signature, if available

RACE: _____ SEX: _____

YEARS _____ TO _____ WITNESS - _____
probation officer _____ date

CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO FINANCIAL RECORDS

I, _____, having read the explanation of my rights which is attached
(Name of Customer)
to this form, hereby authorize the _____ to disclose
(Name and Address of Financial Institution)
the following financial records:

to _____, an officer of the United States District Court for the
(Name of Probation Officer Allowed Access)

following purpose(s):

- ☐ Presentence Investigation Report
- ☐ Supervision

I understand that this authorization may be revoked by me in writing at any time before my records, as described above, are disclosed and that this authorization is valid for no more than three (3) months from the date of my signature. I understand further that my authorization cannot be required as a condition of my doing business with the above named financial institution.

Date

Signature of Customer

Address of Customer

City, State ZIP

Section 1104(a) of the Right to Financial Privacy Act, 12 USC 3404(a).

CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO FINANCIAL RECORDS

Federal law protects the privacy of your financial records. Before banks, savings, and loan associations, credit unions, credit card issuers or other financial institutions may give financial information about you to a federal agency, certain procedures must be followed.

Consent to Financial Records

You may be asked to consent to make your financial records available to the government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed and, in any event, is effective for a period of not more than three months. Your financial institution must keep a record of the instances in which it discloses your financial information to the government, and this record will be available to you upon request, unless a court order restricting your right to such records has been obtained by the government.

Without your Consent

Without your consent a Federal agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, formal written request, or search warrant for that purpose.

Generally, the Federal agency must give you advance notice of its efforts to obtain your records by one of the above means, explaining why the information is being sought and telling you how to object in court to the release of your records.

Exceptions

If the government obtains a search warrant for your records, or if the government convinces the court that there are legitimate reasons to delay giving you notice, the Federal agency will be able to obtain your records without providing you with notice beforehand.

In situations where you do not receive advance notice that the government is seeking your financial records, you will be notified once the reason for the delay of notice no longer exists.

Transfer of Information

Generally, a Federal agency which obtains your financial records is prohibited from transferring them to another Federal agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another agency.

Penalties

If the Federal agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.